



## Medicaid Advisory Committee Minutes

February 23, 2018  
IGCS Conference Room C

### Members Present

Chairperson Matthew Brooks, Medicaid Director Allison Taylor, FSSA Secretary Dr. Jennifer Walthall, Dr. Leila Alter, Mr. Herb Hunter, Mr. Blayne Miley, Mr. Michael Phelps, Mr. Jason Kolkmeier, Ms. Kim Williams, Zach Cattell, Sen. Ed Charbonneau, Mr. Michael Colby, Mr. Ryan Goodwin, Mr. Kevin Moore, Mr. Rodney King, Ms. Barbara McNutt, Mr. Evan Reinhardt, Ms. Elizabeth Eichhorn, Ms. Terry Cole, Ms. Debbie Hermann, Dr. Nancy Swignoski

### I. Call to Order/Opening Comments

Chairperson Matt Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members and guests. MAC members went around and introduced themselves. Chairperson Brooks also reviewed the dates for the remaining 2018 MAC meetings and gave a quick overview of the meeting agenda.

### II. Approval of November Minutes

The minutes from the November MAC meeting were formally approved by MAC members and Chairperson Brooks.

### III. Rules

Mr. Jeremy Hoffman, Medicaid Advisory Attorney presents rules:

#### a. LSA 17-306: Out of State Services Rule

This proposed rule amends 405 IAC 5-5-2 to remove the specialized prior authorization (PA) requirements for services provided in Chicago, removes the list of designated out-of-state cities subject to the PA requirements for in-state services, and grants authority to the Office of the Secretary to designate an area to be subject to the PA requirements for in-state services as needed.

#### b. LSA 17-342: Home Health Rule

This proposed rule would make several changes to 405 IAC 1-4.2 and 405 IAC 5-16 as a result of changes to federal regulations at 42 CFR 440.70. The changes would remove the current rule language that requires a member to be medically confined to the home to receive home health services, add the requirement for documentation of a face to face encounter for home health services in accordance with 42 CFR 440.70(f), clarify the types of practitioners that may prescribe therapy in a home health setting, allow certified physical therapy assistants under the direct



supervision of a physical therapist to provide therapy in a home health setting, and make other small policy changes.

c. LSA 17-484: Healthy Indiana Plan (HIP) Rule

This proposed rule would amend the Healthy Indiana Plan administrative code to include programmatic updates to be implemented upon the renewal of the HIP waiver, as well as any needed technical or clarifying amendments to existing rule language. Some of these changes include aligning the HIP benefit periods with the calendar year, consolidating the contribution schedule into five income tiers rather than individualized amounts, authorizing tobacco user contributions that are 50% higher than for non-tobacco users, expanding the benefits package for HIP Plus members, allowing HIP maternity enrollment on the first of the month after eligibility determination, and allowing HIP maternity members to remain in HIP throughout the postpartum period.

d. LSA 18-60: Telemedicine Proposed Rule

This rule amendment revises definitions and terminology for telemedicine services to align with state law at IC 25-1-9.5, removes the 20 mile restriction between patient and provider in accordance with House Bill 1337 (2017), and revises the permissible telemedicine provider and service types. This rule amendment will bring the administrative rules into conformity with state law and provide increased access to telemedicine services for Medicaid members.

e. LSA 17-552: Hospital Assessment Fee

This rule amends 405 IAC 1-8-5 and 405 IAC 1-10.5-7 to extend the hospital assessment fee that is imposed on certain hospitals and make language changes to remove the hospital assessment fee adjustment factors and the frequency of changing the adjustment factors. Amends 405 IAC 1-14.6-7, 405 IAC 1-14.6-9, 405 IAC 1-14.6-18, and 405 IAC 1-14.6-24 to extend the nursing facility quality assessment fee (QAF) as well as the enhanced reimbursements associated with the QAF. This rule amendment implements the assessment fee extension for hospitals and nursing facilities authorized by 2017 House Enrolled Act (HEA) 1001 (P.L.217-2017) and these statutory changes are effective July 1, 2017, and continue through June 30, 2019. Effective 30 days after filing with the Publisher.

Mr. Hoffman then asked for questions regarding any of the presented rules. Ms. Terry Cole wanted to know if any actual changes had been made to LSA 17-552. Mr. Hoffman explained that it was the same, just updated after two years.

Medicaid Director Allison Taylor said that she has heard and wanted to acknowledge that she has heard some concerns regarding the Telemedicine Rule. She encouraged attendees to share their thoughts and concerns during the formal comment period,

which took place from March 7-29, 2018. Chairperson Brooks acknowledged concern regarding the controlled substance prescribing piece

There was also a question regarding LSA 17-306 and the regulated specific locations, which was answered by Director Taylor. She explained how the only change now gives the Secretary's office access to effectively review questions and considerations.

#### **IV. FSSA Updates**

FSSA Secretary Dr. Jennifer Walthall gave an update on current initiatives. She detailed how OMPP has been working on a project using Medicaid data. An informational letter was to be sent to providers regarding opioid prescribing with suggestions and ideas for proper use and prescribing, using the data gathered by Medicaid. She detailed how this would be different from a "report card" and would include list of patient panels who are receiving more than the CDC recommended limit of opiates. Providers will receive list with suggestions and resources on how to make an intervention to get those individuals under suggested ceiling/guideline requirement. There is also a specific recommendation that patients prescribed opiates should also receive Naloxone kits.

Dr. Nancy Swignoski stated that she thought this was a wonderful idea, but expressed that it may be more effective with some testing and feedback. Dr. Walthall explained that there is also a mailbox that is open to feedback and suggestions. Mr. Rodney King asked for some clarification on who would be receiving this letter. Dr. Walthall addressed his questions and possible concerns.

Dr. Walthall then announced the arrival of a new office within FSSA: the Office of Health Equity. She explained the new office structure and main focus. Dr. Walthall stated that a Chief Medical Office (CMO) will be starting in July and that division medical directors will also be working with this office. This new office is directly associated with our social determinants of health initiative, which was launched towards the end of February. Dr. Walthall announced that Ms. Rachel Lane, Ms. Peggy Welch, and Mr. Ben Evans are heading this division and more individuals will be hired overtime. Mr. King expressed his support and hopes for this effort and thinks it could be extremely effective and is very important. Ms. Elizabeth Eichhorn asked for clarification on whether this was only within FSSA/OMPP. Dr. Walthall explained that it is an all-agency effort, statewide.

Director Taylor, then gave an update to the committee regarding her upcoming maternity leave and other FSSA/OMPP updates. She explained that she would miss the next meeting (taking place in May) but would be back for the August meeting. She explained that the Deputy Medicaid Director, Shane Hatchett, will be Acting Medicaid Director in her absence.

OMPP's HIP Director, Natalie Angel, then joined Ms. Taylor to give a HIP/Gateway to Work update. Ms. Angel first discussed HIP. She went over two main topics: a new, engaging incentive program and a program targeting substance use disorders. She also talked about smoking cessation and chronic disease management efforts. Ms. Angel discussed Gateway to Work and how the #1 goal is that no one loses their coverage. She emphasized how this program will be giving individuals extra opportunities to engage in the community. She and Director Taylor then went into more detail about who is required and who is exempt. Chairperson Brooks had a question and expressed his concern regarding substance use disorder and how "active treatment" will be defined, along with mental illness. Ms. Angel and Director Taylor then addressed his concerns.

OMPP's Coverage and Benefits Manager, Mr. Michael Cook, gave a presentation about the SUD Waiver. He detailed the waiver's goals, hopes, and goals along with the three main components of the waiver. These are certification, treatment, and assessment. Director Taylor, took a moment to thank and recognize the HIP and SUD teams for their hard work and dedication on these efforts.

Ms. Becky Buhner began her presentation on Opiate Treatment Programs (OTP) expansion. She explained that five new treatment programs were added and four entities were selected to implement these programs. She went through a handout that was distributed to the committee, which showed the five programs all across the state. Ms. Buhner then explained that the centers would all be opening between April-June. She also announced that legislation had recently been passed allowing nine more to be built. Chairperson Brooks expressed his support and concerns about these programs and corresponding legislation.

Deputy Medicaid Director, Shane Hatchett presented updates with Mr. Jeff Chapman, the Provider Services Director. Deputy Director Hatchett's first announcement was the hiring of an OMPP Actuary, Ms. Kathy Leonard. Mr. Hatchett also explained that OMPP has actively been searching for a new Pharmacy Director. Director Taylor then commented about how the role is being redefined and restructured to fit the needs of the agency.

Deputy Director Hatchett then began a presentation covering FSSA EnCred, the centralized credentialing verification system, and CoreMMIS. He also discussed the contract with Conduent that was executed in September of 2017, the upcoming CoreMMIS certification site visit, and OMPP's continued work with DXC. He also went over HouseBill (1007) that was being presented in the legislature, which includes credentialing language. Provider workshops were also discussed along with an update on how they were going. Director Taylor had a question wanting to know more about a timeline on the credentialing. Chairperson Brooks took a moment to express his appreciation and gratitude to FSSA for working hard and diligently on this issue. Dr.

Swignoski commented on of influx of new residents to Indiana every June/July and prescription writing. She explained that many attending physicians are signing prescriptions and that this has become a concern. She expressed her willingness to meet and work on the problem to figure out logistics. Deputy Director Hatchett agreed.

Mr. Jeff Chapman also gave a quick update on the Indiana Health Coverage Programs (IHCP) workshops that were being conducted across the state. He wanted to reinforce the importance of these workshops and the benefits of attending the workshop and presentations. He went over some logistics and encouraged everyone's attendance, if available. Ms. Eichhorn stated that she attended one of the workshops and would highly recommend attendance.

Director Taylor, announced the conclusion of FSSA updates.

**V. Public Comments**

Chairperson Brooks first asked the MAC members if they had any comments, questions, or suggestions for the agenda. Mr. Herb Hunter asked about the required online ethics training and some issues he had been having. Director Taylor and Ms. Jordan Flowers stated that they would look into it and be in contact. Chairperson Brooks then asked for public comments. There were none.

**VI. Next MAC Meeting**

Chairperson Brooks reviewed the dates for the remaining 2018 MAC meetings. They are as follows:

- Thursday, May 24, 2018 → 10:00am-12:00pm, IGCS Conference Room A
- Thursday, August 23, 2018 → 10:00am-12:00pm, IGCS Conference Room C
- Thursday, November 15, 2018 → 10:00am-12:00pm, IGCS Conference Rooms 4+5